

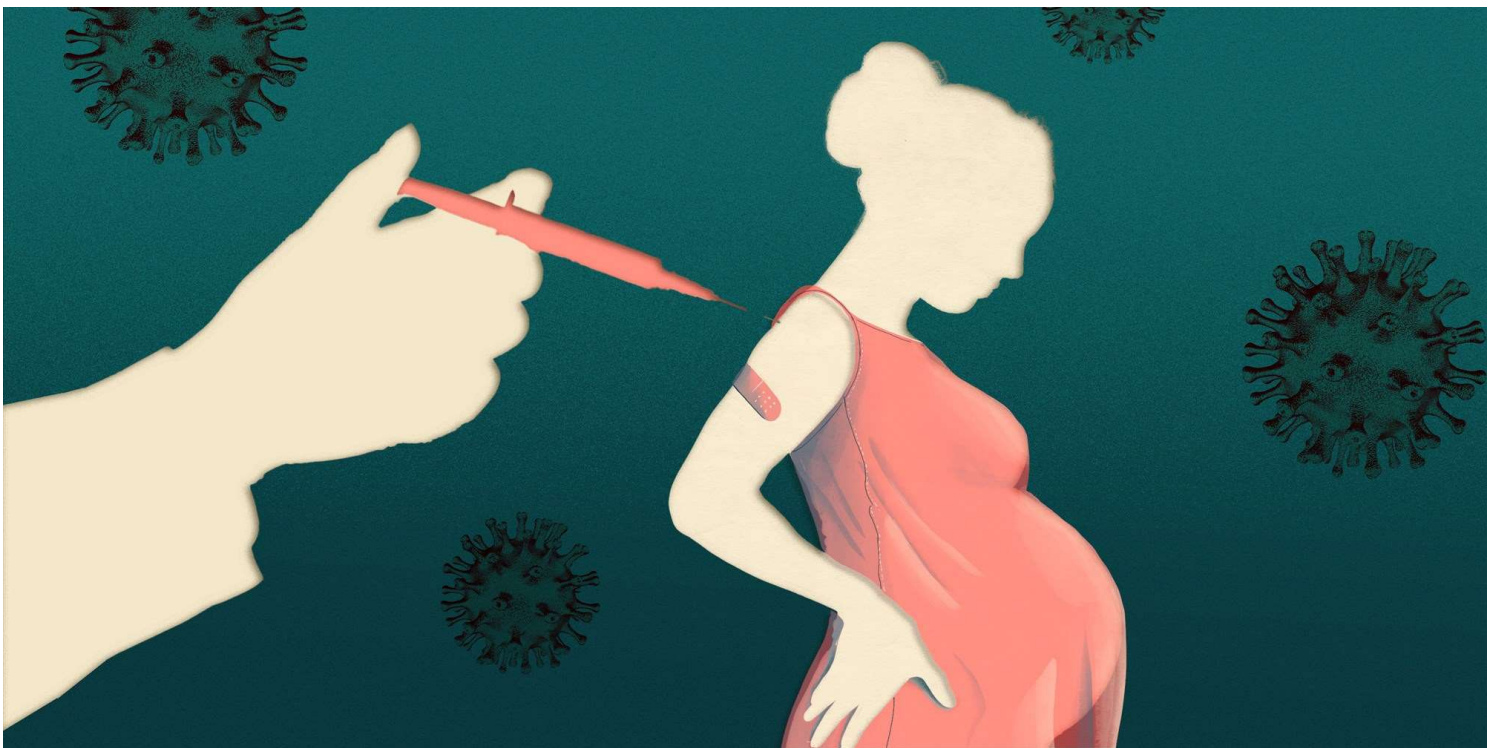


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HEALTH & WELLNESS

I'm pregnant. Should I get the COVID-19 vaccine?

COVID-19 vaccines are currently being administered worldwide, but because there's minimal data on their safety during pregnancy, moms-to-be are facing a tough decision.



— Many pregnant women in the U.S. are deciding whether to get the COVID-19 vaccine, even though there's little data on the vaccine's effects on pregnancy. Katty Huertas / TODAY / Getty Images

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By Maura Hohman

Three days after getting the first shot of Pfizer's COVID-19 vaccine, Claudia Gibbons, a first-time mom-to-be in Greensboro, North Carolina, still feels nervous.

Before making the hard decision to get vaccinated during pregnancy, she weighed her risk of contracting COVID-19 – as an emergency room physician assistant, she said it's high – and the unknowns of the vaccine. While she finds the lack of research on coronavirus vaccines in the pregnant population frustrating, she felt the risk to her daughter is low, in part because she's due soon, in late January.

Driving Gibbons' nerves right now, she told TODAY, is the fear that new research will "prove I maybe made the wrong decision. They may say, 'Oh, it's seen that it has caused X, Y and Z.' Then, just waiting to see when the baby is born, is she affected? Because it's always a chance. It's never a for-sure thing."

Dr. Natalie Azar gets COVID-19 vaccine live on-air



Gibbons, 30, is one of an estimated 330,000 pregnant or lactating health care workers, according to the Centers for Disease Control and Prevention, who are deciding whether to be immunized against COVID-19, even though there's minimal data on its effects in pregnancy and none on lactation. Gibbons noted that many of her pregnant colleagues opted not to get the vaccine, which has made her second-guess herself at times.

As the phased distribution of the vaccine progresses, even more mothers will have to make the same call. In fact, the Texas health department recently announced pregnant people will be part of its next distribution phase, which prioritizes those with underlying conditions that increase

the risk of severe COVID-19 illness. Texas' next phase likely won't start for a few weeks, NBC affiliate KXAN reported.

Whether you should get the COVID-19 vaccine as a pregnant person will depend on your individual circumstances, and the CDC recommends discussing the available information with a health care provider. Here are some other factors to consider.

The effects of COVID-19 on pregnancy

As Texas' vaccine rollout suggests, pregnant people are more likely than their non-pregnant counterparts to develop severe illness due to the coronavirus. This includes an increased risk of intensive care unit admission and needing a ventilator, and preterm delivery or stillbirth, according to the CDC. (Recent research shows, however, that some pregnant women infected with the coronavirus are unlikely to pass it on to their babies.)

That said, the pregnant population, as a group, don't all have the same risk for severe COVID-19 illness, stressed Dr. Brenna Hughes, a professor of obstetrics and gynecology at Duke University School of Medicine in Durham, North Carolina, who serves on the Society for Maternal-Fetal Medicine's COVID-19 expert workgroup.

"Pregnant individuals aren't necessarily a category unto themselves," she told TODAY.

Moms share what it's like having a baby during the pandemic



mass index, diabetes, chronic heart conditions and being 35 or older while pregnant.

"Pregnancy, in general, carries a little bit more risk for women who are 35 and older, and women who enter pregnancy older also may come with some chronic medical conditions that somebody who's 25 does not," she explained. "There's a lot of very healthy, very fit 35-year-olds out there ... but if I had a 35-year-old who had diabetes versus a 35-year-old who did not, my recommendation would be a little bit stronger to the patient who had diabetes."

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-
- Being immunocompromised from an organ transplant

Merriam also noted that pregnant women who've had severe allergies to vaccines or medication in the past should factor this into their decision, as well. While she said she wouldn't categorically discourage these individuals from getting the vaccine, it could be better to wait if their risk of exposure to COVID-19 is low and depending on other medical conditions they have.

How likely are you to be exposed to COVID-19?

Hughes, Eckert and Merriam all stressed that a pregnant individual's likelihood of exposure to COVID-19 in day-to-day life should be a primary factor in the decision to get vaccinated.

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For example, pregnant individuals who come in close contact with strangers every day, such as health care or essential workers, might decide that the perceived risk of the vaccine is much lower than the possible consequences of contracting COVID-19 during pregnancy.

On the other hand, for people who are able to work from home and isolate, "maybe the risk-benefit decision favors waiting until we have a little bit more data," Dr. Emily Miller, an OB-GYN at Northwestern Medicine in Chicago, told TODAY.

Grocery workers, teachers will be in next group to get coronavirus vaccine



In addition, Eckert called out the prevalence of COVID-19 in an individual's community as an important factor. Most regions of the U.S. currently have high rates of COVID-19, and you should also assess the risk of exposure in your household and other places you spent a lot of time.

It's also worth noting that COVID-19 has disproportionately affected people of color, Merriam said. She added that health care providers should consider the reasons for this discrepancy

when weighing the decision to get vaccinated with patients.

When will data about the COVID-19 vaccine and pregnancy be available?

Because pregnant people were largely excluded from clinical trials for COVID-19 vaccines, there's no large-scale data available right now about the vaccines' safety during human pregnancy.

Moderna has released safety data on the vaccine in pregnant rats, finding "no vaccine-related adverse effects on female fertility, fetal development or postnatal development." Pfizer's data from a similar study also did not generate any concerns about safety, according to the American College of Obstetricians and Gynecologists (ACOG).

Eckert, who serves as ACOG's liaison to the CDC's Advisory Committee on Immunization Practices (ACIP), said there are two ways data on the COVID-19 vaccine in pregnancy may become available. The first data will likely be from ongoing registries of pregnant women who get the vaccine, which will generate observational data on safety outcomes. The next will likely be from controlled clinical trials in pregnant women, which could start as soon as January, CNBC has reported.

FDA reports efficacy of Moderna's vaccine: Dr. Natalie Azar weighs in



Because both types of studies will need to follow participants after they deliver, the data could take several months, Eckert said. She speculated two to three months for registry data from participants vaccinated in the third trimester. For clinical trials, Eckert said there might be some data about how pregnant women respond to the vaccine's administration by the time the general population is able to get it. But data on any increased risk of adverse events or complications in pregnancy will take longer.

How does the COVID-19 vaccine affect pregnancy?

At this stage, most experts believe the Pfizer and Moderna vaccines are unlikely to pose a risk to pregnant people, and ACOG does not have a preference for one vaccine over the other. They're both mRNA vaccines, which "teach our cells how to make a protein ... that triggers an immune response inside our bodies," according to the CDC. These vaccines do not give the recipient COVID-19, nor do they interact with DNA.

As Eckert explained, "We don't have any biologically plausible reason to think that the vaccine itself, the mRNA, is transferred to the fetus. ... I'd try to offer, essentially, reassurance that everything we know isn't scary at all." She added that it's unlikely the vaccines will affect future pregnancies.

Merriam agreed, adding that mRNA degrades in the human body so quickly that "it's unlikely to persist in sufficient levels to even reach or cross the placenta to affect the pregnancy."

As US COVID-19 cases surge to 19 million, hospitals may have to ration care



"I'm sure I made the right decision for myself, but I'm still nervous about it," she said. "It was a hard decision, for sure."

Maura Hohman

Maura Hohman is a weekend editor for TODAY.com.

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